

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/743852

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		2				
4	1					
5		2				
6		1				
7		1				
8		1				
9		1				
10		1				
11	1					
12		1				
13		1				
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17	1					
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19	1					
20		1				
21	1					
22	1					
23		2				
24	1					
25		2				
26		1				
27		1				
28		1				
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31	1					
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43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53			1			
54				1		
55				1		
56				1		
57				1		
58				1		
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97						
98						
99						
100						
TOTAL IND.			2			
TOTAL DEP.				22		
TOTAL CLAIMS			24			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831